

<i>SERFF Tracking Number:</i>	<i>NAVG-125744431</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Navigators Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>PHN-F-708-AR</i>		
<i>TOI:</i>	<i>17.1 Other Liability - Claims Made Only</i>	<i>Sub-TOI:</i>	<i>17.1022 Other</i>
<i>Product Name:</i>	<i>Claim Reporting Procedures Notice (for IM, SCHAUM, RB, & SF)</i>		
<i>Project Name/Number:</i>	<i>Claim Reporting Procedures Notice (for IM, SCHAUM, RB, & SF)/PHN-F-708-R</i>		

Filing at a Glance

Company: Navigators Insurance Company

Product Name: Claim Reporting Procedures Notice (for IM, SCHAUM, RB, & SF)

TOI: 17.1 Other Liability - Claims Made Only

Sub-TOI: 17.1022 Other

Filing Type: Form

Effective Date Requested (New):

Effective Date Requested (Renewal):

State Filing Description:

SERFF Tr Num: NAVG-125744431 State: Arkansas

SERFF Status: Closed

Co Tr Num: PHN-F-708-AR

Co Status:

Author: Orlando Moreno

Date Submitted: 07/23/2008

State Tr Num: EFT \$50

State Status: Fees verified and received

Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding

Disposition Date: 08/06/2008

Disposition Status: Approved

Effective Date (New):

Effective Date (Renewal):

General Information

Project Name: Claim Reporting Procedures Notice (for IM, SCHAUM, RB, & SF)

Project Number: PHN-F-708-R

Reference Organization:

Reference Title:

Filing Status Changed: 08/06/2008

State Status Changed: 08/06/2008

Corresponding Filing Tracking Number:

Filing Description:

This filing consists of 4 Claims Reporting Procedures Notices which we are submitting for your review and approval. Please see our filing description (section 21) within the NAIC Transmittal we've attached within the Supporting Documentation tab.

Status of Filing in Domicile: Not Filed

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

SERFF Tracking Number: NAVG-125744431 State: Arkansas
 Filing Company: Navigators Insurance Company State Tracking Number: EFT \$50
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 Product Name: Claim Reporting Procedures Notice (for IM, SCHAUM, RB, & SF)
 Project Name/Number: Claim Reporting Procedures Notice (for IM, SCHAUM, RB, & SF)/PHN-F-708-R

Company and Contact

Filing Contact Information

Orlando Moreno, Compliance Analyst omoreno@navg.com
 1375 E. WOODFIELD RD. (847) 285-9006 [Phone]
 SCHAUMBURG, IL 60173 (847) 230-1934[FAX]

Filing Company Information

Navigators Insurance Company CoCode: 42307 State of Domicile: New York
 1375 E. Woodfield Rd. Group Code: 510 Company Type: P&C
 Schaumburg, IL 60173 Group Name: Navigators Group, State ID Number:
 Inc.
 (847) 285-9006 ext. [Phone] FEIN Number: 13-3138390

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Navigators Insurance Company	\$50.00	07/23/2008	21555314

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	08/06/2008	08/06/2008

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Disposition

Disposition Date: 08/06/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	NAVIG-125744431	State:	Arkansas
Filing Company:	Navigators Insurance Company	State Tracking Number:	EFT \$50
Company Tracking Number:	PHN-F-708-AR		
TOI:	17.1 Other Liability - Claims Made Only	Sub-TOI:	17.1022 Other
Product Name:	Claim Reporting Procedures Notice (for IM, SCHAUM, RB, & SF)		
Project Name/Number:	Claim Reporting Procedures Notice (for IM, SCHAUM, RB, & SF)/PHN-F-708-R		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Claim Reporting Procedures Notices	Approved	Yes
Form	Claim Reporting Procedures Notices	Approved	Yes
Form	Claim Reporting Procedures Notices	Approved	Yes
Form	Claim Reporting Procedures Notices	Approved	Yes

SERFF Tracking Number: NAVG-125744431 State: Arkansas

Filing Company: Navigators Insurance Company State Tracking Number: EFT \$50

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Product Name: Claim Reporting Procedures Notice (for IM, SCHAUM, RB, & SF)

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type	Action	Action Specific Data	Readability	Attachment
Approved	Claim Reporting Procedures Notices	NAV-PHN-IM-200 (6/08)	6/08	Disclosure/ Notice	New			Claim Notice NAV-PHN-IM-200 (6-08).pdf
Approved	Claim Reporting Procedures Notices	NAV-PHN-MM-200 (6/08)	6/08	Disclosure/ Notice	New			Claim Notice NAV-PHN-MM-200 (6-08).pdf
Approved	Claim Reporting Procedures Notices	NAV-PHN-RB-200 (6/08)	6/08	Disclosure/ Notice	New			Claim Notice NAV-PHN-RB-200 (6-08).pdf
Approved	Claim Reporting Procedures Notices	NAV-PHN-SF-200 (6/08)	6/08	Disclosure/ Notice	New			Claim Notice NAV-PHN-SF-200 (6-08).PDF

<u>Policyholder Notice</u>	
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CLAIM REPORTING PROCEDURES

All claims should be reported to the Inland Marine Division at:

Navigators Management Co., Inc.
One Penn Plaza, Suite 2420
New York, NY 10119

Telephone: (212) 613-4249
Fax: (212) 613-4301

All claim notifications must be accompanied by an ACORD loss form and should contain current contact information for the insured and claimant(s) as well as a detailed description of the loss.

If the insured is sued, of the utmost importance is securing the date of service. **Please do not mail suit papers.** They should either be faxed or sent via overnight mail.

If the insured files a claim with the agent, it is the agent's responsibility to forward the claim to the New York Claim Office.

Policyholder Notice



CLAIM REPORTING PROCEDURES

Conditions of the policy require that in the event of a claim, you notify us as soon as practicable. All claim notifications are to be reported to the Schaumburg Claims Office by electronic mail to SCHClaims@navg.com.

If you are reporting an auto claim, please send your claim notification to RBautoclaims@navg.com.

In the alternative, claim notices may also be:

- mailed to the Schaumburg Claims Office at:

Navigators Management Co., Inc.
Claims Division
1375 E. Woodfield Road, Suite 720
Schaumburg, IL 60175
- or faxed to 847-230-1935
- or reported to our 24 hour call center at 866-408-1922

All claim notifications must be accompanied by an ACORD loss form and should contain current contact information for the insured and claimant(s) as well as a detailed description of the loss.

If the insured files a claim with the agent, it is the agent's responsibility to forward the claim to the Schaumburg Claim Office.

Policyholder Notice



CLAIM REPORTING PROCEDURES

Conditions of the policy require that in the event of a claim, you notify us as soon as practicable. All claim notifications are to be reported to the Rye Brook Claims Office by electronic mail to RBClaims@navg.com.

In the alternative, claim notices may also be:

- mailed to the Rye Brook Claims Office at:

Navigators Management Co., Inc.
Claims Division
6 International Drive, Suite 100
Rye Brook, NY 10573
- or faxed to 914-933-6018

All claim notifications must be accompanied by an ACORD loss form and should contain current contact information for the insured and claimant(s) as well as a detailed description of the loss.

If the insured files a claim with the agent, it is the agent's responsibility to forward the claim to the Rye Brook Claim Office.

Policyholder Notice



CLAIM REPORTING PROCEDURES

Conditions of the policy require that in the event of a claim, you notify us as soon as practicable. All claim notifications are to be reported to the San Francisco Claims Office by electronic mail to SFCclaims@navg.com.

In the alternative, claim notices may also be:

- mailed to the San Francisco Claims Office at:

Navigators Insurance Company
Claims Division
433 California Street, Suite 400
San Francisco, CA 94101

- or faxed to 415-956-1718
- or reported to our 24 hour call center at 866-408-1922

All claim notifications must be accompanied by an ACORD loss form and should contain current contact information for the insured and claimant(s) as well as a detailed description of the loss.

If the insured files a claim with the agent, it is the agent's responsibility to forward the claim to the San Francisco Claim Office.

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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status: Approved 08/06/2008

Comments:

Attachment:

AR NAIC Transmittal - Claim Notice Filing.pdf

Filing information (see General Instructions for descriptions of these fields)				
9.	Type of Insurance (TOI)			
10.	Sub-Type of Insurance (Sub-TOI)			
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]			
12.	Company Program Title (Marketing title)			
13.	Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)		
14.	Effective Date(s) Requested	New:		Renewal:
15.	Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
16.	Reference Organization (if applicable)			
17.	Reference Organization # & Title			
18.	Company's Date of Filing			
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved		

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	
21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

22.	<div><div>Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]</div></div>
<div><div><div>Check #: Amount:</div><div><div></div></div></div><div>Refer to each state’s checklist for additional state specific requirements or instructions on calculating fees.</div></div>	

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)

(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #				
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)				
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1